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I.

SKETCH OF THE PROFESSIONAL CHARACTER OF THE LATE WILLIAM LISTER, M.D., FORMERLY PHYSICIAN TO ST. THOMAS'S HOSPITAL.*

THIS estimable physician, after maintaining a deservedly high reputation in London for nearly half a century, died at his house in Lincoln's Inn Fields, on the 3d of January, 1830, aged 73 years.

Dr. Lister possessed an acute and vigorous understanding, which had early received the culture of a liberal and extended education. His deep and solid attainments, both in philosophy and in the classics, formed an admirable basis for studies more directly of a professional nature. These he afterwards pursued in the university of Edinburgh, with such persevering ardor and success, as to acquire a high character for his knowledge of medicine and the collateral sciences. He took an extensive range in study, and always continued to retain an attachment to general science; and it is worthy of remark that, to the very last, he continued to keep pace with the improvements of the day, and even in chemistry to make himself intimately acquainted with the rapid progress of discovery. So

great a love also did he cherish for classical literature, that, until within a short time of his death, he was accustomed, in the intervals of professional duty, to which he conscientiously devoted a large portion of his time and energy, to recreate himself with the poets and historians of Greece and Rome. Nor did he discover any diminution of interest in the science of mind, on which he continued to read with the same deep attention and eager spirit of inquiry which had characterized the investigations of his early collegiate life.

Notwithstanding, however, this steady attachment to general science and literature, in which his acquirements were not less extensive than profound, Dr. Lister constantly made his profession the principal object of attention. Few individuals, perhaps, have possessed a constitution of mind better adapted for the prosecution of medical inquiry. An acute perception and great power of attention were united with a sound and discriminating judgment, by which he was enabled to view a subject in all its bearings, carefully separating what was essential from that which was merely accidental and adventitious, and generally deducing from the whole a correct and logical conclusion. So thoroughly and patiently, indeed, did this indefatigable physician inves-

* From the Lon. Med. and Phys. Journ.

tigate the more obscure forms of disease, as seldom to have occasion to amend his opinion or retrace his steps. Like his intimate friends, Dr. Baillie and Mr. Cline, he was accustomed to express his view of a case in a few clear, forcible words, and in a manner simple and unadorned, yet calculated to impress the hearer with a conviction of the value and correctness of the opinion.

Dr. Lister's practice exactly corresponded with the clearness and decision of his mind, evincing an equal degree of simplicity and of energy; and thus enabling him to ascertain, with considerable accuracy, the progress of the disease and the effects of the remedies.

Nor would it be proper to omit a special reference to those sterling moral qualities, which were not less conspicuous and influential than his intellectual endowments. Uncompromising integrity and genuine disinterestedness, were strikingly observable in his whole character. The welfare of his patients and friends, rather than his own individual interest, appeared to be the predominating principle of action. He had a just conception of what belonged to the character of a physician, and always maintained, by example as well as by precept, the dignity and value of his honorable profession.

With such principles and such conduct, it is not surprising that Dr. Lister should have inspired, in the minds of those who had the privilege of his friendship, a high degree of respect and attachment; although, from a rooted aversion to everything like pretension and display, his manner may have appeared to strangers cool and unattractive. Those, however, who knew him intimately, had abundant

proofs of the tenderness and depth of his feelings.

With a mind so well stored and disciplined, and with opportunities and habits of observation so favorable to research, it is to be regretted that Dr. Lister should have written comparatively little. The specimens of biography given in the Gentleman's Magazine for November, 1817, and October, 1823, containing short memorials of two of his most beloved and intimate associates, viz., Dr. Wells and Dr. Baillie, sufficiently prove how admirably he was qualified for literary undertakings.

But to the most able and diligent, as well as to others, "there is a time to die." Dr. Lister contemplated that important change with remarkable composure. During the last thirty years of his life, indeed, he had suffered repeated attacks of angina pectoris, and had a constant persuasion of being himself the subject of organic disease about the heart. Of this settled and deliberate conviction he could not divest his mind, notwithstanding the remonstrances of his brethren, especially of his intimate friend Dr. Wells, who labored to persuade him he was merely hypochondriacal: yet the post-mortem appearances decisively prove that Dr. Lister's usual judgment did not forsake him even in the consideration of his own individual case.

Among the papers examined after his death, a memorandum was found, dated December 20, 1821, in which he details the particular symptoms of his complaint, and his opinion of their nature, concluding with the following direction:—"To ascertain the truth of the above conjecture, and to recommend the practice of post-mortem examinations by an exam-

ple in my own person, I desire that my excellent friend, Mr. J. H. Green, may be requested to make a complete examination of me as soon after my death as he thinks desirable, and to furnish my son Nathaniel with a statement of all he observes." In accordance with this request, an accurate inspection was made by Mr. Green, which remarkably confirmed the opinion which the deceased had entertained of the nature of his disease. The valves of the aorta, as well as various portions of the aorta itself, were ossified, as were also the coronary arteries. The mitral valves were also partially ossified, and the tricuspid passing into the same state. There was hypertrophy of the left ventricle; and adhesions had formed between the heart and pericardium. A large quantity of serum was contained in the cavities of the pleura. The internal carotid arteries were ossified, and the vertebral arteries thickened.

Notwithstanding occasional paroxysms of agonizing pain, Dr. Lister steadily pursued his usual avocations, and actually visited his patients until two days preceding his death. He had suffered, however, exceedingly during the severe weather of January last, both from difficulty of breathing and general uneasiness about the chest. Towards the evening of Tuesday, symptoms of effusion more distinctly appeared; and on the morning of Wednesday, surrounded by his numerous and affectionate family, and in the full possession of his mind, this venerable man gradually ceased to breathe.

II.

OBSERVATIONS ON A PECULIAR KIND OF TRAUMATIC DELIRIUM. BY M. HELIS.*

THE duty of a surgeon consists not only in carefully preparing his patients for operation, or in operating with skill and courage, but in leading them safely through the various dangers which arise after the performance of the operation. The moral and physical excitement experienced by a patient who has just been operated upon, exposes him to various maladies. But there is one kind of affection which usually occurs after surgical operations, and which appears to be particularly connected with them; and it is indispensable for the operator to be as well acquainted with such cases, in order that he may complete his task, as that he should be well skilled in anatomy to perform the operation. It is, indeed, by this kind of knowledge, that the scientific surgeon distinguishes himself from those who merely possess a little manual dexterity, and who are ready to exclaim with a lithotomist of the last century, "I have operated, let Providence complete the cure." From the slightest wounds the most formidable symptoms not unfrequently arise. It behoves us, then, to watch a patient with the greatest attention who has been the subject of an operation in which the most important parts have been divided. After wounds, whether inflicted by accident or the knife of the surgeon, the nervous system is often so much disturbed as to lead to a species of delirium, the precise causes of which are obscure. This mental disturbance

* London Med. and Phys. Journ.

varies in its progress : the symptoms which accompany it are sometimes very alarming, but nervous or traumatic delirium is seldom fatal, if properly treated.

The object M. Helis has in view, is to illustrate by cases the advantage of the treatment recommended by M. Dupuytren, which we have ourselves seen employed with the best effect.

CASE I.—*Delirium after the Operation for Sarcocoele.*

M. D. R., twenty-five years of age, of a nervous temperament, was operated upon for sarcocoele of a very large size, in 1817. The day after the operation, he was restless, and very much alarmed lest hemorrhage should occur. The succeeding day his agitation had much increased ; the slightest word or movement produced the greatest degree of excitement ; the least sensation redoubled his apprehensions. Still his progress was satisfactory. He soon complained, however, of pains in his limbs and chest ; his eyes glistened, he breathed quickly, eagerly demanded food, and was determined to rise from bed. His mind wandered ; he repulsed those who were the most attentive to him, and called loudly for his family : his whole body was incessantly in motion. His cries, the appearance of his eyes, the fixed state of the pupil, his face covered with sweat, and his calm and regular pulse during all his agitation, convinced M. Dupuytren of the nature of the case. Particular attention, however, was paid to the state of the chest, as the patient complained of a fixed pain in that part.

When it was ascertained that he was laboring under no pulmonic

disease, an enema with six drops of laudanum was immediately given ; and the patient was ordered to be kept perfectly quiet, and undisturbed by friends. In an hour after the administration of the enema, M. D. R. ceased to ramble, and fell into a sound sleep, which lasted for several hours. The cure was complete in twenty-five days.

CASE II.—*Delirium after Luxation of the Femur.*

A mason fell from a scaffold, and luxated the left femur. He was carried immediately to the Hôtel Dieu, and the next day the luxation was reduced with the utmost facility. The patient was dreadfully alarmed at the apparatus, which was employed, and could not believe himself so speedily cured. On the following day he was extremely agitated. The eyes were unnaturally brilliant, and turgid with blood ; his face red, and covered with sweat. He cried out incessantly, and endeavored to break the bandages by which his limb was secured. In the midst of this mental derangement, the pulse was full, regular, and natural in number ; temperature of the skin not increased.

The sister of the ward, who was well accustomed to these symptoms, ordered an enema with ten drops of laudanum in it to be immediately given ; and no other remedy was necessary to restore the patient to reason.

CASE III.—*Delirium after the Fracture of a Rib.*

Langlois, a mason, was admitted into the Hôtel Dieu with fracture of a rib. A tight bandage was placed round his body.

From the facility with which such accidents are usually cured, but little attention was paid to this patient; but on the third day he was attacked with delirium, which continued unabated. He threw himself into various positions: all his muscles were in a state of continued tension: eyes very brilliant; skin covered with sweat; pulse natural. He fancied he saw images dancing before him in the air, and that various experiments were being tried upon his bed.

As this man was of a full habit of body, he was first bled, but without relief. An enema with ten drops of laudanum was then given, and a slight degree of calmness succeeded. The next day this dose was doubled, without advantage. His cries and constant restlessness were now so annoying to the other patients, that he was put in a ward by himself, and forty drops of laudanum were given in an enema, and the delirium speedily subsided.

CASE IV.—This patient had attempted to commit suicide by cutting his throat. On the second day after the attempt he became delirious, and it was necessary to restrain him by the strait-waistcoat.

An anodyne was first given by the mouth, with but little effect; but an enema with a few drops of laudanum quickly restored him to reason. On the fourth day the wound assumed a bad appearance; the delirium returned, and was again successfully opposed by the same treatment.

CASE V.—This patient was operated upon for popliteal aneurism. He was of a plethoric and

athletic constitution, and a free bleeding had been practised, to guard against accident after the operation. He appeared to be indifferent to everything that was done, and scarcely conscious of what was passing around him. On the fifth day he was attacked with furious delirium, without fever. The symptoms were the same as those detailed in the previous cases. An anodyne enema was given with the most complete success. The ligature, however, came away from the femoral artery prematurely, and the patient expired on the fortieth day, after many attempts had been made to arrest the hemorrhage.

CASE VI.—In this case, the patient had attempted self-destruction by cutting her throat. Delirium afterwards occurred, without fever or symptoms of inflammation. Anodynes, internally given, were effectual in relieving it.

M. Helis is not aware that any author has paid particular attention to this species of delirium. He has only found one example of it in books. Many surgeons have, indeed, spoken of the violence of some patients after operations, and of their tearing away their dressings; but none have inquired into the cause of this kind of insanity, or have endeavored to relieve it by any other means than coercion. The danger of so violent a kind of delirium after various accidents and operations, must be evident, and it must be a source of much gratification that we possess a remedy which is almost certain in its operation. M. Helis imagines that it may generally be possible

to predict the occurrence of this mental disturbance, either from the nature or duration of the operation, the character of the patient, his moral energy or physical disposition. There are some symptoms from which delirium may be almost certainly anticipated. If, a few hours or one or two days after a fracture, an attempt to commit suicide, or any operation, the patient appears unusually gay, talks much, has a quick expression of the eyes, gives short answers, moves quickly and without any obvious motive; if he affects great courage and resolution, the surgeon should be upon his guard. The slightest excitement should be avoided. The patient should be kept in the most complete repose, away from light, noise, or unnecessary visits, or his symptoms will quickly become more decided. He will soon begin to talk unconnectedly; at one moment his language will be mild, at another violent: his loquacity will be incessant. In this state the patient is dangerous to others and to himself. In one case M. Helis mentions, a man rose in the middle of the night, and beat many of his companions with his crutch, and would probably have destroyed some of them, if he had not been secured. In some instances, patients have precipitated themselves from a window, or have destroyed themselves in a still more horrible manner.

The most remarkable circumstance in the midst of so much disturbance of the mental faculties, is the tranquil state of the circulation, and the absence of febrile symptoms. The patient is furious, has lost all command of himself; his face is bathed

with sweat, his eyes are unusually brilliant, he cries out vociferously, and might be thought to be laboring under the most ardent phrenzy; but his pulse is calm and regular, and the state of the skin removes all suspicion of inflammation. It is, in fact, a true mania, differing only from ordinary cases in its duration. M. Helis has rarely seen the attack last longer than five or six days.

The mode of exhibiting it is as simple as it is efficacious. It consists of a few drops of laudanum administered in a clyster. It is this remedy which M. Dupuytren constantly employs, and it is far preferable to every other. Five or six drops of laudanum, given in a small clyster, produce more effect than thrice the quantity taken by the stomach. This fact may be explained by the sympathy which unites the brain with the rectum. As a proof that this sympathetic connexion is not imaginary, we may cite various cases of pains in the head, delirium from constipation, the clear and active state of the mind which follows a required evacuation from the bowels, and instances of hemierania that have resisted every other treatment, and which have yielded, as if by enchantment, to irritants placed in the rectum. But a physiological explanation may be adduced. The stomach, destined to elaborate the first element of nutrition, is endowed with a digestible power, and with secretions which alter more or less every substance which comes in contact with it; and many medicines introduced into the stomach are ineffectual, because they are mixed with the food, or their powers are weakened by the gastric juice. Hence

various medicines, particularly of the vegetable class, are uncertain in their operation, or totally inefficacious, with many patients. The rectum, destined to be the reservoir of the residue of digestion, absorbs, but does not digest, and it will easily be conceived that medicines which are introduced in it, provided they are not expelled, will act with more certainty than if they were administered by the stomach.

The treatment recommended by M. Helis in cases of traumatic delirium, has been practised with much success in several of the London hospitals, but we know it is not yet duly appreciated by the profession at large. Two instances have occurred to us in which anodynes had been given by the mouth without benefit. In both, the exhibition of an enema, with fifteen drops of laudanum, speedily quieted the turbulence and incessant loquacity of the patients; a calm sleep followed, and health was soon restored.

III.

RETENTION OF URINE FROM SUPPOSED DOUBLE BLADDER. BY M. EHRLICH.*

A MAN, æt. 50, who had suffered for ten years from attacks of retention of urine, consulted M. Ehrlich on the 28th of September. He complained of being harassed with a prolapsus of the rectum, since the appearance of which the difficulty of passing his water had increased, and now flowed only *guttatim*, with insupportable

pain: the bladder was full, hard, and prominent above the pubes; the anus encircled with hæmorrhoidal tumors; the cervix vesicæ swollen, but the prostate apparently healthy. The urine that was voided was so dark as to look like beer. The patient denied having ever been affected with a venereal complaint. Warm baths, demulcents, leeches to the perineum, &c., were prescribed by our author, but the patient refused to permit the introduction of the catheter. Other means were adopted, amongst the rest quinine and the tincture of the muriate of iron, but the symptoms became more severe, and on the 6th of October the catheter was introduced, with considerable difficulty and violent pain to the patient. Upwards of three pints of urine mixed with mucus were drawn off, yet still the desire of micturition continued. No calculus, nor anything like one, was discovered; the extreme irritability of the individual prevented the instrument's being left in the bladder.

No more urine flowed till the 9th, when our author made many ineffectual attempts to re-introduce the instrument. On examination per anum, the bladder was felt in the left side of the pelvis, with its cervix directed towards the right. The patient being constrained to use the close-stool, made violent attempts at micturition, which ended in the expulsion of a few ounces of urine, and prolapse of the rectum to the extent of four inches. M. Ehrlich instantly reduced the latter, and succeeded in passing an instrument and abstracting more than four pints of urine. The desire of voiding more continuing, the

* Journ. Complémentaire, No. 36.

operator suspected that some accessory pouch might exist, and succeeded in forcing the instrument, which was fourteen inches long, into a narrow passage of which he could not reach the termination, and from which about two pints of fetid urine issued. Relief was now experienced,—the instrument was introduced daily with facility till the 16th, and all seemed to promise well. From this time till the 25th, M. Ehrlich was prevented from attending, and his substitutes in the interim had failed in carrying the catheter farther than the neck of the bladder, whilst the patient suffered from considerable hemorrhages from the rectum and urethra. He was now in a pitiable state, the symptoms being low and typhoid, the testicles swollen, the penis gangrenous, and the rectum prolapsed and livid. Our author punctured the bladder from the rectum, when six pints of altered bloody urine flowed out, and the prolapsus recti was reduced. The patient rallied in some degree, but the canula giving rise to great irritation, was removed; the difficulty of making water returned, and, on the 28th, the operation of puncturing the rectum was repeated, after which the catheter was retained in its place for two days.

The unfavorable symptoms subsided, and, on the 3d of November, our author attempted to reintroduce the catheter. At first it penetrated, with some resistance, into an opening, but nothing issued, and then, by manipulation, it was directed into the bladder, and two pints of urine obtained. On passing two fingers into the rectum, a tumor like a full bladder was felt in the left side of

the pelvis; on which our author was convinced that this really was a supernumerary bladder,—succeeded in getting a catheter to enter it, and evacuated three pints of urine. On injecting a bland fluid, he felt this second reservoir become distended, which confirmed him in his opinion of its nature. For seven weeks it was necessary to perform the painful and difficult operation of catheterism for this unfortunate patient, but his career was drawing fast to a close. On the 22d of December he was seized with a rigor; peripneumony followed, and on the 10th of January he died.

Sectio Cadaveris.—In the left side of the pelvis, between the rectum and ordinary bladder, was a membranous sac, equalling the latter in size, and closely united to it. The natural bladder, which we shall call the *anterior* one, was of its usual form, and in contact, by its posterior surface, with the unnatural, or *posterior* bladder, which was more rounded. The peritoneum was in exact contact with the posterior wall of both bladders: the anterior and external wall of the posterior bladder was united by cellular tissue to the left side of the pelvis. The right ureter terminated in the usual way; the left passed along the posterior and external surface of the second bladder, was much dilated at its point of contact with it, and passed on to the fundus of the true bladder, behind the left spermatic cord and before the right. The left vesicula seminalis was closely united by cellular tissue to that of the second bladder. The prostate was only connected with the first; the veins of the plexus of the rectum

and of the bladder were very much dilated.

The long muscular fibres which extend from the apex to the fundus of the bladder, were limited to the anterior one only. The posterior bladder was provided with circular and vertical muscular fasciculi, strongest at the junction of the two reservoirs. The muscular coat of the anterior bladder was three lines in thickness, so strong as to look like the columnæ carneæ of the heart, and, like them, leaving intervals between its fasciculi of fibres. The mucous membrane was not thickened. In the posterior wall of the first bladder was an aperture three lines in diameter, opening into the second. The parts around the aperture constituted the partition between the two, the parietes of which were closely and almost inseparably united.

M. Ehrlich looks on this as a satisfactory instance of a congenitally double bladder. We confess that the particulars do by no

means carry conviction to our mind, but lead us to believe that the second reservoir was rather one of those exaggerated pouches from the bladder, which occasionally protrude, like herniæ or staphylomata, between the packets of muscular fasciculi. Many reasons, which will occur to the reflecting reader of the case, induce us to hold this opinion as being the more probable explanation of the facts. We do not readily perceive how this pouch, or second bladder, be it which it may, gave rise to retention of urine. There might be a difficulty experienced in expelling its own contents, but why, or in what manner, should it operate in preventing the natural bladder, with a morbidly increased muscular power, from forcing the urine in the latter through the urethra? Surely there must have been some obstruction in the latter, and if such there was, we must look to it for the fons et origo mali!

BOSTON, TUESDAY, JULY 13, 1830.

ASPHYXIA FROM BURNING CHARCOAL.

WE mentioned, some weeks since, the results which had been obtained from several experiments in regard to the effect of oxygen gas when respired by animals. We have now before us an observation on the effects of carbonic acid, made by a medical gentleman accidentally submitted to its influence, which is certainly curious, and, if confirmed, may prove of some practical importance. This gentleman, a M. Ballot, of Paris,

states that, in January last, he was called to see a patient with fractured thigh. He found him in a small apartment which contained no fireplace, the weather at the time being severely cold. A brazier of coals was ordered, and placed in the centre of the room. The setting and bandaging of the limb proved difficult and tedious, employing the surgeon for two hours, during which time he was mostly in a stooping posture. Toward its conclusion he felt some headach, but not sufficient to induce

him to accelerate his operation, or to lead him to suspect the cause. In passing from the room through the entries, he experienced no distinct sensation beyond the continuance of the headach; but immediately on gaining the fresh air, a most distressing feeling of suffocation occurred, accompanied with a sense of violent weight on the chest, which together produced the most exquisite suffering. Sinking down upon the door-stone, he remained there without the power to make a movement, feeling, as he describes it, as if fastened to his seat. In a few moments, however, he began to breathe more freely, and, at the end of six minutes, nothing remained but the headach.

The obvious inference from the above facts would be, that the violent symptoms resulted from the sudden stimulus of pure air applied to the lungs, which had just been inhaling a noxious atmosphere. As an additional proof that this was the case, it is mentioned that neither the attendants, nor the patient himself, suffered materially from the gas; the latter, though his head lay so low, having only headach and slight embarrassment in breathing. There is this difficulty, indeed, in the explanation suggested,—that the change from the air of the house to that of the street could hardly have been greater than that which was experienced on leaving the room for the entry, and there should have been, according to theory, a progressive increase of the symptoms from the moment of leaving the room to that of gaining the outward air. In support of his views, however, the au-

thor cites another case, in which an individual, partially recovered from asphyxia, was nearly brought back into this state by being conveyed from the place where he was accidentally at the time, to his own house. As a conclusion from these facts, M. Ballot thinks himself justified in recommending that persons suffering from the inhalations of carbonic acid should not at once be carried into a pure atmosphere, but that restoration should be effected by the gradual admission of fresh air into the same apartment. In extreme cases, however, in which exposure to the morbid influence has been long continued, and apparent death is produced, he admits that, at the commencement of the treatment, pure air may be a necessary stimulus.

NEW MODE OF INOCULATION.

DURING the last year, a practitioner residing in Finisterre, one of the western departments of France, presented to the Royal Academy an account of some occurrences in that province which went to support the idea of the identity of vaccinia with smallpox. This distinguished body deemed the subject of so much importance as to depute one of its members, M. Bousquet, to examine particularly whether any, and what grounds, existed for such an opinion. The report made by this individual, and which was published in the *Revue Medicale* for February last, is drawn up with so much care, impartiality and good sense, that we shall offer no apology to our readers for presenting them an abstract of it.

In the year 1826, the smallpox

broke out at Saint Pol, in Finisterre, and raged with so much fury that in five months 285 persons, out of a population of 6225, fell victims to the disease. About the period of its commencement, Guillou, a physician of the place, found himself, notwithstanding his utmost efforts, unable to meet the demands which were made on him for vaccine matter. Unwilling to increase the danger of his patients by the slightest delay, yet averse to variolous inoculation, he determined, as the best expedient that offered itself, to make use of the matter afforded by the varioloid eruption, which was at that time very prevalent. Accordingly, matter taken from a varioloid patient about 15 years of age, was inserted in the arm of a child. On examining the situation of the puncture at the end of a week, he found, with some surprise, a perfect vaccine vesicle, having the appearance usually presented by that disease on the eighth day. Anxious to pursue the investigation, he took virus from this vesicle, which he inserted into a considerable number of patients. All of these, as well as the first, had a disease perfectly resembling the vaccine. Delighted with his success, Guillou proceeded with his new inoculation, using, indifferently, matter derived directly from the varioloid cases, or that from those in whom the primary virus had been inserted. At the period of his communication to the Society, six hundred patients had been inoculated in this manner. In by far the greatest proportion of these, nothing had been observed except the regular progress of the vesicles, which cor-

responded in number to that of the punctures. In a few, however, some pimples were observed in the intervals, and these were attended with some fever.

Now it is this resemblance of the disease produced by varioloid inoculation to true vaccinia, which M. Guillou claims as his discovery, and as not having been noticed by any previous observer. It appears, however, that a similar observation has been repeatedly made with regard to the primary pustule of the inoculated smallpox. This was even remarked to be the case by Jenner; who acknowledges the resemblance to be so striking during the first week, that it is difficult to make the distinction; and adds with regard to the further progress of the two, that they differ only in this circumstance, that the vaccine vesicle, throughout its whole course, contains a limpid fluid; a statement evidently erroneous, and which sufficiently proves the difficulty he must have experienced in assigning any obvious ground of distinction.

Here, however, the resemblance between inoculated variola and vaccinia terminates. In the latter, the eruption is limited to the seat of the original puncture; or, if a few papulæ appear on other parts of the surface, their progress is not marked by any increase of the febrile symptoms. On the other hand, it is well known that at a definite period after the variolous inoculation, generally about the eighth day, there appears a more or less extensive eruption, differing in aspect from the primary pustule, preceded by fever, and presenting

many of the characters of true variola.

It appears, then, that neither in the variolous nor the varioloid inoculation, is the eruption always limited to the seat of puncture. There are also facts which go to show, that were the variolous inoculation extensively practised, the proportion of the cases in which the secondary eruption would occur, would prove much smaller than formerly. These facts have been made known by accidents similar to those which have brought to light the discoveries of M. Guillon. About five years previous to the experiments of the latter, a peasant near Perigueux, during the prevalence of smallpox, was induced to inoculate one of his children with the virus. The symptoms produced were so extremely mild, that he was led to repeat the operation on several others,—fifteen of whom presented no eruption, except what appeared at the points of puncture. In the others there occurred, along with fever, the usual variolous eruption.

Boucher, a physician of Versailles, inoculated with variolous matter seven children, whose parents were unwilling to have them vaccinated. In only one of these was the inoculation followed by fever or by any general eruption.

But the most conclusive fact on this subject remains to be stated. Dugat, a practitioner in Orange, acquainted with the statements of M. Guillon, inoculated twenty-three individuals with the variolous virus, with the express view of ascertaining the character of the eruption. In

all these the local *bouton* was vacciform, but in several cases there occurred, besides, a true variolous eruption with the usual symptoms. Twenty-one patients were then inoculated with varioloid, and the results were almost precisely similar. An eruption appeared in several of these cases, the variolous character of which was too obvious to be mistaken.

On the whole, then, it does not appear, from the above facts, that either variola or varioloid, either natural or inoculated, can be considered identical with vaccinia. Whether the late curious experiment of inoculating the cow goes any farther toward settling this important matter, our readers can determine. The mildness of inoculated variola, as shown above, though a fact well worthy of consideration, will not, even should it be confirmed in its full extent, at all diminish the importance of vaccination. The great argument of the advocates of cowpox for this process has been, and still is, that it can be propagated only by inoculation,—that the individual suffering under it is incapable of giving any serious disease to others; and so long as this advantage remains unimpaired, there seems little danger of its being displaced, even by its ancient and once formidable rival.

HEALTH OF THE CITY.

OUR bills of mortality for the last two weeks furnish the best comment on the health of our city. Other signs, however, are not wanting. Our horses are growing too fat, although in the midst of summer. We

can walk leisurely every day with our wives and children, and meet each other at every corner with expressions of joy that we may indulge, without neglecting our patients, in such pleasant and healthful recreations.—Dr. A and Dr. B have gone to pass a week at Nahant; Dr. C left town about a fortnight ago for the Springs, with a delightful party—to be gone a month; Dr. D passed the whole of June at Sandwich, in his favorite sport, which, by the way, he has not had an opportunity to indulge in, these ten years; and Drs. E, F, and G, are testing the speed of the several steamers which ply to the neighboring villages, and are trying on *themselves*—the true way of experimenting—the effects of a vapor bath medicated with the all-potent and fashionable Chloride of Soda. Indeed, such leisure seems to be ours as rarely falls to the lot of the Faculty in a populous city.

The causes of this measure of health are evident. The weather has been unusually cool, and the earth, instead of being parched, has been almost uninterruptedly moist, by frequent and abundant rains. These circumstances have operated in various ways to promote the salubrity of the season. Fruits are abundant, but their spirit not being exhausted by long exposure to a burning sun, they are refreshing and innocent. The vital energies of the system have also not been melted down, nor the tone of the digestive organs impaired, by oppressive and protracted heat, nor have our eyes and mouths and lungs been annoyed by the usual quantity of

dust. The degree in which we are spared this annoyance is remarkable. In our vicinity, the shrubs even at the road side, which are usually whitened, throughout the summer, by the clouds of dust constantly passing over them, have now all the verdure and freshness of the distant forest; and it is this circumstance which contributes much to that surpassing beauty and luxuriance of the neighboring country, which for the last two months has been the subject of conversation, and the scene of enjoyment to most of our citizens and neighbors. At home we experience too the blessing of this peculiarity of the present season. There is no bustling about, a dozen times aday, to brush the obtruding particles from the chairs and tables, the mantel pieces and window seats—no scolding of domestics for half doing this service—no closing all the blinds, windows and shutters, to prevent the necessity of its too frequent repetition—and no groping about in darkness, thrusting the groin or hip against the corner of a table, bruising the shins against a misplaced chair, striking the instep against a rocker, and such like disturbers of the temper, and provocatives to imprudent exclamation;—all is light and airy, all is peace, tranquillity and enjoyment: these things contribute essentially to health.

Although this is but a cursory notice of our present immunity from disease, we ought not to pass over in silence the judicious measures which have been habitually adopted by our municipal authorities, to remove every source of infection and

promote the cleanliness of the city. About seventeen thousand dollars have been expended the past year for purposes connected with the health of the inhabitants; and we annex, as not altogether useless or uninteresting, some of the items of this expenditure. They are as follows:—

Internal Health Department;—including sweeping the Streets, and removing House Dirt and other nuisances.

Paid for labor in collecting and carrying off the house offal and other nuisances	\$ 5,067 60
For labor in sweeping the streets and removing the street dirt	3,791 24
For grain, hay and straw, used at the city stables	1,522 05
For tools, iron, steel, coal, and various small articles, for the city stables and the blacksmith's shop	690 83
For services of the Superintendent of the city teams and stables	600 00
For repairs of wagons, carts and harnesses	322 71
	<hr/> 11,994 43

External Health Department;—Expenses of the Quarantine Establishment, except Salaries.

Paid for services of boatman employed in the department	\$ 423 23
For repairs and supplies of the quarantine boat	239 61
For repairs of buildings and fences on Rainsford Island	225 02
For new sails for the boat	160 00
Paid on account of the erection of a cottage on Rainsford Island, for the use of the resident Physician	100 00
Paid for trees for the Island, medicines for the Hospital, &c.	47 15
	<hr/> 1,195 01

To this we must add the following salaries and extra work:—

Samuel H. Hewes, Superintendent of Burial Grounds, one year	\$ 900 00
Jerome V. C. Smith, Resident Physician at Hospital Island, one year	1,000 00
John Oliver, Keeper of Hospital Island, one year	350 00
Benjamin Pollard, City Marshal, one year	1,000 00
	<hr/> 3,850 00
For work done by the Health Department, for the County	\$ 403 44
Paid for cleansing the Mill Creek, and removing nuisances therefrom	\$ 94 50
	<hr/> \$ 497 94
Total	\$ 17,537 38

CASES OF POISON.

THREE women in Sea Street were very violently affected, last week, in consequence of having eaten a quantity of the *Mercurialis Perennis*, or Dog's Mercury,—a plant they had mistaken for the annual species of the *Mercurialis*, which is not an uncommon pot herb in the sweet isle of their nativity. The plant grows in abundance in yards and under fences in towns and villages, and was found by them round the door of their habitation, and eagerly gathered and cooked and eaten, as a favorite and accustomed green. In about half an hour, its deleterious effects began to show themselves by an excessive cerebral excitement; they became shortly delirious, and comatose; the pupils were perfectly dilated, breathing stertorous, and, but for immediate large and repeated doses of sulphate of zinc, and its successful operation, they must have fallen victims to their error. The usual remedies for narcotic poisons were applied diligently, and all of them are in fair way of recovery.

In Ray's Synopsis is an account of a man, his wife and three children, who experienced like deleterious effects from having eaten the perennial species of the Mercury fried with bacon. This relation is given in detail by Sir Hans Sloane. Mr. Miller, also, author of the celebrated Gardener's Dictionary, refers to several cases of persons who had been poisoned by eating this plant in the spring boiled for greens, in the same way as it was taken by the patients we saw in Sea Street. As it is not at all uncommon about our houses

and yards, it is well all should be apprised of its poisonous nature. A botanical description of the plant may be seen in Miller's dictionary, and specimens of it may be found growing at 31 Sea Street, where the children will run in dozens to show it to the inquiring stranger.

Stramonium is found growing in the same yard, and it is doubted by many whether this was not the plant eaten by the persons alluded to. The women who gathered it are themselves uncertain on this point; and as they are evidently unskilled in botanical distinctions, it is altogether probable some of the stramonium might have been taken with the mercurialis. That it was not wholly the former, seems evident from the circumstances of the case, as well as the recovery of the patients, since two of them partook of it most unsparingly; and such enormous quantities of stramonium, after remaining an hour undisturbed in the stomach, must inevitably have destroyed life.

Hydrocyanic Acid in the Human Body.—It is well known that hydrocyanic acid exists in many vegetables; that it is contained in the essential oil of the laurel, bitter almond, &c. It yet remains to be positively determined whether the animal body also

contains this principle, either in a state of health or disease. From some experiments, which are still imperfect, it would appear that this fact is not improbable. Many observers have declared that they have detected this acid in the organic structure of some of the inferior animals; and Tiedemann and Gmelin have discovered it in the saliva of a man, and in that of a sheep. Woehler also concludes from his experiments, that urea is composed of a cyanate of ammonia.—*Lon. M. & P.*

Gestation prolonged beyond the ninth Month.—Dr. Albert, of Wiesenheid, has published in the *Zeitschrift für die Staatsarzneikunde*, iii. tes 1828, an account of two cases of this kind. In one, gestation was prolonged 43, and in the other 33, days beyond the ordinary period.

Anatomical Dissection.—By a law recently passed by the Legislature of Connecticut, the unclaimed bodies of convicts who die in the State Prison are to be given up for anatomical dissection. Thus has Connecticut the credit of leading the way in this enlightened and honorable course.

Too many Irons in the Fire.—The late eminent and indefatigable Dr. E. D. Clarke said to a friend—“I have lived to know that the great secret of human happiness is this:—Never suffer your energies to stagnate. The old adage of ‘Too many irons in the fire,’ conveys an abominable lie. You cannot have too many; poker, tongs, and all—keep them all going.”

WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JUNE 24.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
June 18.	F.	17 mo	lung fever	21.	F.	7 1-2	croup
19.	F.	1 day			M.	35	unknown
	F.	1 1-2y	lung fever		F.	56	palsy
	F.	50	unknown	22.	F.	29	consumption
20.	M.	50	consumption	23.	M.	6	drowned
	M.	24	typhous fever	24.	M.	71	apoplexy
	M.	9	liver complaint		M.	3 w	hooping cough
	F.	78	old age		F.	39 yrs	consumption
	F.	11 mo	lung fever				

Males, 7.—Females, 10. Total, 17.

ADVERTISEMENTS.

MEDICAL TUITION.

THE subscribers continue to receive and instruct Medical Students. A suitable room is provided for them, which is open at all times, Sundays excepted, from 7 in the morning to 9 in the evening. A systematic course of study is pointed out, and the necessary books are provided. Frequent examinations are held in the several branches of study, with free explanations, and such other modes of teaching as shall seem to the instructors best calculated to aid the progress of their pupils. In practical Anatomy, they will avail themselves of the best opportunities that can be obtained. Gentlemen who place themselves under their direction have the privilege of attending gratuitously the Lectures on Anatomy and Surgery in the Medical School at Harvard University, and the Medical and Surgical Practice, and the Surgical Operations, at the Massachusetts General Hospital; and also of acting as dressers for the surgical patients at the Hospital.

Terms, 100 dollars for a year; 75 dollars for six months; and 50 dollars for a quarter;—payments to be made in advance. Application may be made to Dr. HALE, No. 14 West Street.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, Jr.

Boston, June 26.

6t.—July 13.

PRIVATE MED. SCHOOL.

THE subscribers have associated for the purpose of giving a complete course of private Medical Instruction, and the following arrangements are now in operation:—

The pupils are admitted to the practice of the Mass. General Hospital, and receive Clinical Lectures on the cases from Drs. Jackson, Channing and Ware.

Private Lectures, with examinations, are given in the intervals of the public lectures of the University.

On Midwifery and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology and Therapeutics, by Dr. WARE.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, Human and Comparative, by Dr. LEWIS.

Private Instruction will be given in practical Anatomy, by means of demonstrations and dissections.

Such students as may be disposed, will have opportunity of acquiring a knowledge of Practical Pharmacy.

Rooms for all the purposes contemplated, have been provided in a convenient and central situation.

Application to be made to Dr. WALTER CHANNING.

JAMES JACKSON,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

July 6.

12t.

HENNEN'S MIL. SURGERY.

THIS day received, by CARTER & HENDEE, Principles of Military Surgery; comprising Observations on the Arrangement, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies, of Variola and Syphilis. Illustrated with Cases and Dissections. By JOHN HENNEN, M.D. F.R.S.E. Inspector of Military Hospitals. First American, from the third London Edition. With a Life of the Author, by his Son, Dr. John Hennen. July 13.

EUROPEAN LEECHES.

A SMALL lot of remarkably fine Leeches, having been kept over the winter, and never used, are offered by retail by

R. A. NEWELL,
Druggist, Summer Street.

Leeches sent to any part of the city and applied without any extra charge.

June 15.

3t

HALLER'S ELEMENTS OF PHYSIOLOGY.

FOR sale—Haller's Elements of Physiology, complete in eight volumes 4to., elegantly bound in calf. Inquire at Cottons and Barnard's, No. 184 Washington Street.

May 4.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.